

## **Hello Latin America & Canada!**

Check out *your* website at: <http://tricare15.army.mil/>



- **Reduction in Reimbursement From WPS to Foreign Providers**
- **TRICARE Benefits Improved Significantly for Reservists**
- **TLAC Spring 2005 Remote POC Conference**
- **Point of Service Questions Still Remain**
- **From the Director . . .**
- **From the Nurse Consultant . . .**
- **Leading Health Indicators**
- **Healthy People 2010 Initiative**

### **Reduction of Reimbursement of Foreign Claims**

TRICARE Policy Manual Chapter 12, Section 10.1(A) states that except for the Philippines, Puerto Rico, and prescription drugs, reimbursement of all TOP health care shall be based on billed charges. However, according to Code of Federal Regulations 199.9, the following can be construed as abuse.

- A pattern of claims for services which are not medically necessary or, if medically necessary, not to the extent rendered. For example, a battery of diagnostic tests are given when, based on the diagnosis, fewer tests were needed.
- Billing substantially in excess of customary or reasonable charges unless it is determined by OCHAMPUS that the excess charges are justified by unusual circumstances or medical complications requiring additional time, effort, or expense in localities when it is accepted medical practice to make an extra charge in such cases.

### **TRICARE Benefits Improved For Reservists**

The National Defense Authorization Act for fiscal 2005, signed by the President yesterday [29 October 2004] improves the overall health benefits available to guardsmen, reservists and their families and makes permanent several of the TRICARE benefits authorized "temporarily" under defense legislation last year while extending secretarial authorization for others.

For reserve component members with delayed effective date orders to serve on active duty in support of a contingency operation for more than 30 days, the new legislation permanently authorizes TRICARE eligibility for up to 90 days prior to member's activation date for eligible members and their families. It also makes permanent a 180-day transitional TRICARE health benefit after deactivation for Transitional Assistance Management Program (TAMP) eligible members and their families. Members must also now receive a comprehensive physical examination prior to separating from active duty service.

For more information visit: <http://www.defenselink.mil/releases/2004/nr20041029-1454.html>.

### **TLAC Spring 2005 Remote POC Conference**

Based upon guidance from authorities at the TRICARE Management Activity (TMA), the Spring 2005 Remote POC Conference has been cancelled. It is unlikely that future conferences of this type will be planned in the future. TMA is exploring more cost effective methods to provide information to POCs.

### **Avoiding Point of Service Fees**

The point to remember in avoiding Point of Service fees is that when referred for or seeking civilian care, contact the International SOS PCM Call Center prior to seeking that care. ISOS will assist you with locating a TRICARE Network Primary Care Provider or specialist and work to provide a Guarantee of Payment (GOP) to non-network providers where necessary. They can also provide nurse and physician advice and make recommendations for out-of-country medical TDY/TAD and medical evacuations. Contact them at 800.834.5514 or collect at 215.701.2800.

Dear TLAC TRICARE POCs:



Overview of 2004. Although final statistics are not official at this point, calendar year 2004 is shaping up to look like this regarding TRICARE activity within Latin America and Canada:

- Managed the care of 2200 patients
- Processed nearly 5000 payment invoices
- Cost of care: approximately \$1,500,000
- Cost of air ambulance evacuations: approximately \$200,000
- Claims for Army beneficiaries account for about 63 percent of the above

Although these figures represent a small fraction of the overall Defense Health Program (for example, DHP spent over five billion dollars on pharmacy costs last year), they do show a strong commitment to support those serving in remote locations.

Payment to the Contractor. From time to time we receive questions regarding how the contractor is paid. Please be assured that the contractor does not make money on the actual cost of care. In fact, it is known as a “pass through” situation for those costs and in most cases those costs are reimbursed at “as billed” by the hospital or health care provider (as long as the charges are reasonable and customary). The Department of Defense pays the contractor a modest “per member / per month fee” for each beneficiary enrolled to the TRICARE Overseas Prime program to cover the cost of developing and maintaining the provider network and maintaining the extensive services that are delivered (much of which is done behind the scenes).

Site Visits Planned for 2005. As part of our contract oversight responsibilities, we accompany International SOS representatives on some of their network development trips to Latin America. We are planning trips to Guatemala during February and Brazil during April. Later in the year we are considering trips to Mexico and El Salvador. We find these trips to be invaluable in validating the contractor’s work and receiving feedback from beneficiaries.

Please stay healthy and thanks again for your great work!

Sincerely,

/s/

Paul W. Lund  
Captain, Medical Service Corps, U.S. Navy  
Deputy Director, TRICARE Area Office (TAO)  
(Latin America & Canada)

---

Hey Folks! The topic of discussion today is “**Healthy People 2005**”

This is the beginning of a new year! How are we going to make 2005 better than last year?

There are so many choices we will have to make in the coming year. Let’s focus on making healthy choices. As you review the Leading Health Indicators presented in this newsletter you may find that you need to improve in several areas. Start at the top of the indicator list and identify simple steps that you can take to improve your lifestyle and make healthy choices. Every major lifestyle change begins with one small step. One small step is the beginning of a two-mile walk that can eventually lead to a marathon. That first step, however, is the hardest to take. It requires a decision, determination, commitment and resolve. If this process seems so overwhelming, simplify and take a “one day at a time” approach. Don’t forget to ask for help as well. Your PCM can direct you to a support group where there is strength in numbers.

Choose to be a healthier person in 2005,

/s/

Ms. Rosa Baunchalk, RN, MSN  
Nurse Consultant, TRICARE Area Office  
(Latin America & Canada)

## LEADING HEALTH INDICATORS

### Priorities for Action

The Leading Health Indicators are a set of 10 high-priority public health issues in the United States. The indicators are intended to help everyone more easily understand how healthy we are as a Nation and which are the most important changes we can make to improve our own health as well as the health of our families and communities. The Leading Health Indicators are:

- Physical Activity
- Overweight and Obesity
- Tobacco Use
- Substance Abuse
- Responsible Sexual Behavior
- Mental Health
- Injury and Violence
- Environmental Quality
- Immunization
- Access to Health Care

Each indicator will be tracked, measured and reported on regularly throughout the decade.

#### **LEADING HEALTH INDICATORS: A Critical Link to Healthy People 2010**

*Healthy People 2010*, a broad-based collaborative effort among Federal, State, and Territorial governments, as well as hundreds of private, public, and nonprofit organizations, has set national disease prevention and health promotion objectives to be achieved by the end of this decade ([www.healthypeople.gov](http://www.healthypeople.gov)). The effort has two overarching goals: to increase the quality and years of healthy life and to eliminate health disparities. *Healthy People 2010* features 467 science-based objectives and 10 Leading Health Indicators, which use a smaller set of objectives to track progress toward meeting *Healthy People 2010* goals.

#### **SEEING THE WHOLE PICTURE**

Each Leading Health Indicator is an important health issue by itself. Together, the set of indicators helps us understand that there are many factors that matter to the health of individuals, communities and the Nation. Each of the indicators depends to some extent on:

- The information people have about their health and how to make improvements
- Choices people make (behavioral factors)
- Where and how people live (environmental, economic and social conditions)
- The type, amount and quality of health care people receive (access to health care and characteristics of the healthcare system)

Realizing improvements for the set of indicators will require effective public and private sector programs that address multiple factors.

## MAKING CONNECTIONS ACROSS INDICATORS

Identifying changes to improve any one of the Leading Health Indicators is good; identifying changes that will cut across and improve several indicators simultaneously is also important.

Thinking "outside the indicator" means that we can look at how one contributing factor or one important change may affect several indicators. The indicators can also provide the foundation for new partnerships across health issues and new thinking about how to address the many health concerns we face.

An example of this type of innovative thinking is collaboration among those who want to increase the amount of physical activity individuals do and promote weight loss to reach a healthy weight.

- Other cross-cutting action ideas are: Combining education for parents into a "healthy home" program that addresses injury prevention, nutrition, and the impact of environmental tobacco smoke on children and other family members.
- Designing worksite wellness programs to address several indicators simultaneously, such as physical activity, overweight and obesity, and tobacco use.
- Using existing communications and outreach efforts for immunization to promote enrollment of children in health insurance programs.

In short, the Leading Health Indicators can be a tool to develop comprehensive health activities that work simultaneously to improve many aspects of health.

## FEDERAL RESOURCES

More information on the Leading Health Indicators, including links to Federal Web sites with data, planning tools, scientific information, and details about various programs are available at [www.healthypeople.gov/LHI](http://www.healthypeople.gov/LHI).

U.S. Department of Health and Human Services  
Office of Disease Prevention and Health Promotion  
1101 Wootton Parkway, Suite LL100  
Rockville, MD 20852  
Voice: 240-453-8280  
Fax: 240-453-8282

## TAKING ACTION TO IMPROVE EVERYONE'S HEALTH

The Leading Health Indicators are intended to motivate citizens and communities to take actions to improve the health of individuals, families, communities and the Nation. The indicators can help us determine what each one of us can do and where we can best focus our energies—at home, and in our communities, worksites, businesses, or States—to live better and longer.

Some possible actions are:

- Adopt the 10 Leading Health Indicators as personal and professional guides for choices about how to make health improvements.
- Encourage public health professionals and public officials to adopt the Leading Health Indicators as the basis for public health priority-setting and decision-making.
- Urge our public and community health systems and our community leadership to use the Leading Health Indicators as measures of local success for investments in health improvements.